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August 13, 2015

Rezene Hagos
Administration for Children and Families
Office of Refugee Resettlement
Division of Refugee Assistance
901 D Street, SW
8th Floor
Washington, DC 20447

Dear Mr. Hagos:

The State of Missouri continues to maintain the stated goals of the Office of Refugee Resettlement. Refugee services in Missouri are provided with funding from Refugee Cash and Medical Assistance funding, Social Services and Targeted Assistance Formula Grants, and various Discretionary grants.

This letter is to inform you that Missouri's Refugee Resettlement Program State Plan has been revised and is enclosed for your review.

If you have any questions, please contact either Steve Milburn or Linda Haus, at 573-751-6789.

Sincerely,

Brian D. Kinkade
Director

BK:LH:bsb

Enclosure

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**MISSOURI
DEPARTMENT OF SOCIAL SERVICES**

**REFUGEE RESETTLEMENT
PROGRAM
STATE PLAN**

Revised August 2015

ADMINISTERED BY

The State of Missouri
Governor Jeremiah W. (Jay) Nixon

Department of Social Services
Brian Kinkade, Director

Family Support Division
Steve Milburn, State Refugee Coordinator
(Assistant Deputy Director, Community Support Unit)

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I. ADMINISTRATION

A. Authority

1. The Missouri Department of Social Services (DSS) is the single state agency responsible for developing and administering the Missouri Refugee Resettlement Plan as mandated by the Refugee Act of 1980 (P.L. 96-212) and implemented at the federal level by the Office of Refugee Resettlement, Department of Health and Human Services (ORR/DHHS). Please refer to attached Delegation of Lead State Agency Authority (§400.5(a)).
2. The Assistant Deputy Director of the Family Support Division's (FSD) Community Support Unit (CSU) of the Missouri Department of Social Services retains the title of State Refugee Coordinator and designates who will serve as the primary contact for the Office of Refugee Resettlement (ORR). Please refer to attached organizational charts (§400.5(d)).
3. Missouri's Refugee Resettlement program is publicly administered.
 - a. Missouri's Refugee Resettlement is state-wide. Refugee individuals and families may apply for Refugee Cash and/or Medical Assistance at any Family Support Division Resource Center, locations throughout the state. Refugee Social Services and other Discretionary programs are provided by contracted Refugee Resettlement Agencies and are also available throughout the state.

B. Organization

The Missouri Department of Social Services is responsible for the administration of an array of refugee services as stated in the Code of Federal Regulations (CFR) Title 45, Part 400.154 and 400.155. The state ensures that these services are provided by designated agencies throughout the state.

The Department directly provides Refugee Cash and Medical Assistance benefits, as well as Temporary Assistance for Needy Families (TANF), Food Stamps and Medicaid. Applicants may apply for assistance in person at Family Support Division (FSD) Resource Centers, or apply via mail or Internet. The Department contracts with state, public or private agencies to offer medical screening services and Refugee School Impact, Refugee Social Services, and other Discretionary programs. The state ensures that language training and employment services are made available, as refugees are actively encouraged to register for employment services in accordance with §400.5(c).

The State Refugee Coordinator is responsible for the coordination of public and private resources in refugee resettlement in the state, according to the provisions of the Refugee Act and other federal regulations (§400.5(d)). The role of the State Refugee Coordinator includes the following:

- Draft the annual Refugee State Plan
- Manage federal funds
- Monitor contracts
- Track performance
- Submit reports
- Find creative solutions to problems
- Consult and coordinate with the refugee service community
- Conduct quarterly meetings
- Serve as Ambassador for refugees

C. Assurances

The Missouri Department of Social Services (DSS) assures that the State will:

1. Comply with the provisions of Title IV, Chapter 2 of the Immigration and Nationality Act, and the official issuances of the Director. (§400.5(i)(1))
2. Comply with all other requirements of Part 400. (§400.5(i)(2))
3. Comply with all other applicable Federal statutes and regulations in effect during the time that it is receiving grant funding. (§400.5(i)(3))
4. Amend the Plan to comply with ORR standards, goals and priorities established by the Director, as needed. (§400.5(i)(4))
5. Assure provision of services to all refugees without regard to race, religion, nationality, sex, or political opinion. (§400.5(g))
6. Convene planning meetings with representatives of the public/private sector at least quarterly, unless exempted by ORR. (§400.5(h))
7. Use the same mediation/conciliation procedures for the RCA program as those used in its Temporary Assistance (TA) program, also known as the State of Missouri's Temporary Assistance for Needy Families (TANF) program. (§400.83(a)(2))
8. Use the hearings standards and procedures as set forth in §400.83(b).
9. Include refugee programs and populations in the state pandemic influenza emergency plan and other operational plans. (State Letter 09-30 and SL 06-10)

II. ASSISTANCE AND SERVICES

A. Coordination of Cash and Medical Assistance to Promote Self-Sufficiency

The primary goal of the Missouri Refugee Resettlement Program is to encourage effective refugee resettlement and promote economic self-sufficiency within the shortest possible time through a coordinated and effective use of support services and cash and medical assistance, as stated in §400.79 and §400.5(b). The State of Missouri ensures that cash, medical and employment services will be made available to refugees in accordance with regulations established by the ORR/DHHS.

Procedures governing refugee enrollment in cash and medical assistance require communication between DSS/FSD Resource Centers and refugee-specific service providers. One of the duties of the State Refugee Coordinator is to encourage and facilitate this communication. In most cases, a refugee and/or refugee family is accompanied by a refugee resettlement agency representative to the local DSS/FSD office/resource center to apply for Refugee Cash Assistance (RCA) as well as Refugee Medical Assistance (RMA), and/or other programs as applicable. If the client is not accompanied by a representative whose agency has enrolled them in employment activities, the DSS/FSD office will refer RCA clients to employability services when they come in to fill out the application for cash assistance. The State Refugee Coordinator also contacts the resettlement agencies on a monthly basis to assist providers in serving all refugees who have applied for cash assistance.

Eligibility for Refugee Medical Assistance (RMA) includes determining a client ineligible for MO HealthNet Assistance (Medicaid and State Children's Health Insurance Program - SCHIP) before enrolling the refugee in RMA. If a refugee who is receiving MO HealthNet Assistance and has been in the United States less than the eligibility time period for RMA becomes ineligible for MO HealthNet Assistance due to earnings from employment, the refugee will be transferred to RMA without an RMA eligibility determination (§400.104(b)).

Missouri does not require that a refugee actually receive or apply for RCA as a condition of eligibility for RMA. A refugee client shall continue to receive RMA until reaching the end of the client's time-eligibility period, in accordance with §400.100(b).

B. Employment and Language Services

1. Employment Services

As a condition to receive Refugee Cash Assistance (RCA), employable refugees must register with a designated service provider or a Missouri Career Center in the immediate area within the first thirty days of receipt of cash assistance, thereby ensuring the development of an employability plan by the service provider (§400.75).

The employability plan for each client must be designed to lead to the earliest possible employment and not be structured in such a way as to discourage or delay employment or job-seeking. It must contain a definite employment goal, attainable in the shortest time period consistent with the employability of the refugee in relation to job openings in the area (§400.79(c)). The state agency and the designated service provider will determine if employability services and employment are appropriate in accordance with the criteria in §400.81. Failure or refusal to accept employability services or employment may result in sanctions, which would cause a loss of benefits (§400.82). Missouri will use the same procedures for mediation/conciliation as those used in its Temporary Assistance program, and will use the hearings standards and procedures as set forth in §400.83.

Missouri ensures that refugees are eligible to receive employment services for up to sixty (60) months and contracts with resettlement agencies to provide the following employability services, utilizing funding through Refugee Social Services, Targeted Assistance Formula and other related discretionary grants (§400.154 and 155):

- Employment services
- Employability assessment services
- On-the-job training
- English language instruction
- Vocational training
- Skills recertification
- Day care for children
- Transportation
- Translation and interpreter services
- Case management services
- Assistance in obtaining Employment Authorization Documents (EADs)
- Other services as needed to achieve and maintain economic self-sufficiency of the client when these services are not available from any other funding source.

Citizenship, naturalization services and referral and interpreter services can be provided to refugees for more than sixty (60) months after arrival or until they become citizens (§400.152(b)).

2. Language Training and Interpretive Services

State policies prohibit discrimination based on national origin as required by Title VI of the Civil Rights Act of 1964 and assure that Limited English Proficient persons have meaningful access to benefits and services. There are various resources available within Missouri to implement language access programs. As service providers resettle refugees in Missouri, refugees are assessed during the initial intake as to what languages are spoken, along with their proficiency in the English language. Contracted service providers assume the responsibility for interpreter/translation services and language training as an important component of their service contracts with the state.

The contracts specify that English Language Training must be provided concurrently with employability services as required in §400.156.

In state offices, the Family Support Division (FSD) staff enlists interpreters as needed through state-wide contracts with interpreter services. If face-to-face interpreters are not available, telephone interpreter services are accessed. Several documents used by FSD have been translated into other languages. The State assures that RCA policies and rights and responsibilities will be effectively communicated to each refugee, either by translation or interpretation.

Missouri will welcome approximately 1,470 newly arriving refugees, representing 17 countries, during federal fiscal year 2015 (FFY 2015). The proposed refugee arrivals for FFY 2016 are 1,510, a decrease in proposed FFY 2015 arrivals from 1,685 mainly due to the closing of Catholic Charities of St Louis' Refugee Services program. Please refer to the attached 'Proposed Arrival Capacities for Missouri – FFY 2016' chart for detailed information regarding countries/ethnicities of anticipated arrivals. Contracted service providers assume the responsibility for interpretation and translation services for their clientele and Family Support Division staff enlists interpreters as noted above. Missouri's Office of Administration administers and monitors contracts with interpreters to assure availability and quality of services.

C. Refugee Cash Assistance 45 CFR §445.45

1. Refugee Cash Assistance Program – TANF Elements

Missouri operates a publicly administered Refugee Cash Assistance (RCA) program. Refugees must be determined ineligible for Temporary Assistance for Needy Families (TANF) and/or not receiving Supplemental Security Income (SSI) before being enrolled in RCA, which is administered consistent with the state's TANF program. The Department of Social Services/Family Support Division (DSS/FSD) details the requirements of the Refugee Cash Assistance program in its Income Maintenance Manual to ensure compliance with ORR guidelines.

The guidelines for RCA are the same as TANF in reference to work programs and job expectations. RCA is consistent with TA in regard to:

- a. Determination of initial and on-going eligibility (treatment of income and resources, budgeting methods, need standard). (§400.66(a)(1))
- b. Determination of benefit amounts (payment levels based on size of the assistance unit, income disregards). The following table illustrates the TANF need standard and the TANF/RCA payment standards for case sizes ranging from one to five individuals. (§400.66(a)(2))

Case Size (Number of Persons)	TANF Consolidated/Need Standard	34.526% of Need Standard	TANF Maximum Grant	RCA Maximum Grant
1	393	136	\$136	\$136
2	678	234	\$234	\$234
3	846	292	\$292	\$292
4	990	342	\$342	\$342
5	1123	388	\$388	\$388

- c. Proration of shelter, utilities and similar needs. Missouri does not allow for a proration of shelter and utilities for the TANF and RCA programs. (§400.66(a)(3))
- d. Any other State TA rules relating to financial eligibility and payments. (§400.66(a)(4))
- e. The State will not consider any resources remaining in the applicant's country of origin in determining income eligibility. (§400.66(b))
- f. The State will not consider a sponsor's income and resources to be accessible to a refugee solely because the person is serving as a sponsor. (§400.66(c))
- g. The State will not consider any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement programs. (§400.66(d))
- h. The State will use the date of application as the date refugee cash assistance eligibility begins. (§400.66(e))
- i. The State will notify the appropriate local refugee resettlement agency when a refugee residing in the agency's catchment area applies for RCA. (§400.68(a))
- j. The State will contact the RCA applicant's sponsor or the local resettlement agency concerning offers of employment and inquire whether the applicant has voluntarily quit employment or has refused to accept an offer of employment within thirty consecutive days immediately prior to the date of application. (45 CFR §400.68(b))
- k. The State is not subject to §400.60.
- l. The State does not provide differentials or incentive payments related to the RCA program.

- m. Refugees who apply for, or receive RCA are required to register for employment services within thirty (30) days of receipt of RCA and must accept an appropriate employment, training, or language training opportunity as specified in §400.81, unless otherwise exempt from registration and participation.

Criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment as stated in §400.76(b) and documented in the DSS/FSD Income Maintenance Manual, Refugee Resettlement, section 1510.015.25 are as follows:

1. A person who is attending full-time training that is determined appropriate using the guidelines established in the DSS/FSD Maintenance Manual, Refugee Resettlement, section 1510.015.30 – Appropriate Work and Training Criteria, which is consistent with §400.81.
2. A mother or other relative caring for a child under the age of six (6).
3. A person age sixty (60) or over.
4. A person who has an illness or incapacity which prevents working. If claiming an illness or incapacity which is expected to last for three months or more, medical verification is required.
5. A person whose presence in the home is required because of illness or incapacity of another member of the household.
6. A mother or other caretaker of a child, when the nonexempt father or other nonexempt adult relative in the home is registered and has not refused to accept employment without good cause.

2. Refugee Cash Assistance Program Administration

- a. Refugee Cash Assistance (RCA) applications and eligibility determinations are currently submitted, processed and maintained at local Family Support Division Resource Centers. Missouri is in the process of centralizing RCA and RMA applications and case-carrying activities. A specialized processing unit will determine eligibility for newly arriving refugees applying for assistance, maintaining records and corresponding with appropriate service agencies to ensure compliance with program requirements.
- b. RCA benefits are distributed via a centralized distribution process operated by the State of Missouri.

- c. Missouri allocates staff throughout the Family Support Division based on plans approved by the State Legislature.
- d. The Assistant Deputy Director of the Family Support Division's (FSD) Community Support Unit (CSU) retains the title of State Refugee Coordinator (SRC) and supervises the Assistant State Refugee Coordinator (ASRC), who provides direct program management. The TANF Program Manager, while not directly responsible for refugee-related program concerns, assures contracts related to TANF work compliance coordinate with refugee-related resources to assist in providing services that promote self-sufficiency.

The Cash and Medical Assistance Estimate reflects staff allocations to RCA and RMA administration as follows: one-half (.50) full-time equivalency (FTE) for Assistant State Refugee Coordinator; FTEs for eligibility, determination, maintenance, fiscal administration based on on-going time studies; .15 FTE for Refugee Health Coordinator allocated only to RMA administration.

- e. The States charges actual costs of direct and indirect RCA and RMA expenses to the Office of Refugee Resettlement through the Cash and Medical Assistance program.

D. Refugee Medical Assistance 45 CFR §400.90

1. Refugee Medical Assistance Eligibility

The State must provide any individual the opportunity to apply for medical assistance and must determine the eligibility of each applicant.

- a. Determination for Refugee Medical Assistance (RMA) includes determining a refugee client ineligible for Medicaid and the State Children's Health Insurance Program (SCHIP) before enrollment in RMA (§400.93). Once determined ineligible for Medicaid and SCHIP through an application review process, household composition, income, resources, qualified alien status and date of entry/status are used to determine eligibility for RMA. Missouri has chosen not to participate in Medicaid expansion per the Affordable Care Act at this time.
- b. In most cases, newly arriving refugees are accompanied by a refugee resettlement agency representative to the local DSS/FSD office/resource center to apply for Refugee Cash Assistance (RCA) as well as Refugee Medical Assistance (RMA), and/or other programs as applicable. RMA applications and eligibility determinations are currently submitted, processed and maintained at local Family Support Division Resource Centers. Missouri is in the process of centralizing RCA and RMA applications and case-carrying activities. A specialized processing unit will determine eligibility for newly arriving refugees applying for assistance, maintaining records and corresponding with appropriate service agencies to ensure compliance with program requirements.

2. Financial Eligibility Requirements

- a. Missouri bases eligibility for Refugee Medical Assistance on the applicant's income and resources on the date of application (§400.102(d)), using the financial eligibility standard described in §400.101(b)(1) with the additional spend down allowance option of up to 200% of the national poverty level based on §400.103. The eligibility standard is reflective of the TANF/RCA payment chart displayed on page seven.
- b. Missouri does not consider any cash assistance payments (Reception and Placement, Matching Grant, or RCA) provided to an applicant in determining eligibility for RMA (§400.102(c)).

3. Continued Coverage

- a. A refugee who is receiving Medicaid (MO HealthNet and/or SCHIP), has been in the U.S. less than the time eligibility period for RMA, and becomes ineligible for Medicaid because of earnings from employment will be transferred to Refugee Medical Assistance without an RMA eligibility determination (§400.104(b)).

4. Mandatory Services

- a. A refugee receiving RMA benefits receives at least the same level of coverage as an individual receiving Medicaid under MO HealthNet and/or SCHIP programs (§400.105). Individuals approved for RMA receive coverage utilizing fee-for-service providers; in counties where Managed Care plans are available, as noted in the chart below, individuals are assigned and transferred to a plan within thirty (30) days of approval.

MO HealthNet Managed Care Health Plan Regions

Legend:

- Central Region Managed Care
- Eastern Region Managed Care
- Fee For Service
- Western Region Managed Care



5. Additional Services

- a. Missouri provides Medical Screening services for all newly arriving refugees. Information on these services is noted in Section E. Refugee Medical Screening Program.

6. Newly Arriving Refugees – Care and Treatment

- a. The State's Refugee Health Coordinator (RHC) and RHC Supervisor have state level access to the Center for Disease Control and Prevention's (CDC) Electronic Database Notification (EDN) system. Any Licensed Public Health Agency (LPHA) may apply for clinic level access.

The RHC receives notification of arriving refugees through EDN. The RHC downloads the refugee's documents, which includes: Alien Information (contains sponsor contact information), Medical Exam for Immigrant and Refugee Applicant, vaccination history, Tuberculosis (TB) worksheet, and Pre-Departure Medical Screening. Along with the Refugee Health Assessment Report form (see form in the Attachments Section), the documents are put into a packet and sent to the LPHA with jurisdiction over the refugee's arrival area. The refugee's information is entered into the Missouri Department of Health and Senior Services (MODHSS) database.

- b. The LPHA is responsible for reviewing the refugee's medical documents, contacting the refugee to ensure a screening is scheduled, and filling out and returning the Refugee Health Assessment form and Tuberculosis worksheet, if indicated, to MODHSS. The information captured by completed Refugee Health Assessment form is entered into the database. The information captured by the completed Tuberculosis worksheet is entered into EDN.
- c. Refer to the listing of Missouri Local Public Health Agencies in the Attachments Section for medical screening providers.
- d. Refer to the Refugee Health Assessment Report form in the Attachments Section for the screening services that are provided. The RHC is in the process of reviewing and revising the form and protocol for medical screening services; when finalized, a copy will be sent to ORR and training will be provided to providers state-wide.

7. RMA Costs

- a. Refugee Medical Assistance direct costs include the following:
 - Managed Care costs for refugees residing in Managed Care Health Plan Regions as defined in D.4 in this section.
 - Fee-for-service care for refugees not in Managed Care Health Plan Regions, and up to thirty (30) days after approval for Medicaid for those in the regions.
 - Non-medical costs such as non-emergency medical transportation and translation services (dependent on service provider).

b. Refugee Medical Assistance (RMA) administrative costs include the following:

- Salaries and fringe benefits of staff providing intake/resource and eligibility determinations for RMA.
- Salaries and fringe benefits of Missouri Medicaid managers (MO HealthNet) that provides administration of medical services; purchases and monitors health care services and delivery systems.
- Salaries and fringe benefits of finance staff that coordinate expenditures and fiscal reporting.
- Attorney fees for state regulations reviews and hearings requested by applicants/recipients of RMA.
- State and local training for agency staff as well as service providers.
- Maintenance and upgrade of data base systems, data reporting, and process issues with transference to another system, both data base and office-specific related.

E. Refugee Medical Screening Program (45 CFR §400.107)

1. Medical Screening Program Approval

- a. The State of Missouri is requesting re-approval to continue to operate a medical screening program as per §400.107.

The Refugee Health Program operates within the Bureau of Communicable Disease Control and Prevention, Missouri Department of Health and Senior Services (DHSS). The State Refugee Health Coordinator serves as the primary contact for the Office of Refugee Resettlement (ORR). The Refugee Health Coordinator (RHC) is responsible for the overall administration of this program, ensuring that refugees have access to medical screening, developing procedures to identify refugees arriving with health conditions requiring attention, facilitating treatment, and providing health-related statistical and financial data for reporting to ORR.

The RHC works closely with the State Refugee Coordinator to ensure that all reports such as the ORR-1 Cash and Medical Assistance Estimate and ORR-6 Progress Reports are completed and submitted as required. The RHC is an active member of the Association of Refugee Health Coordinators and participates in that organization's monthly conference calls. The RHC utilizes organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA), ORR, the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM) for technical assistance as needed.

The Refugee Health Program staff review health assessment information quarterly to ensure the refugees that are contacted are receiving an examination for tuberculosis. Through the use of community health nurses and bilingual outreach workers, refugees identified in need of treatment for tuberculosis will be

provided appropriate medication. Local health care workers are responsible for education, transportation and home follow-up. Furthermore, refugees with Class B-1 and B-2 conditions receive services through the local health departments and private physicians throughout the state. In addition to tuberculosis testing and screening, local health agencies provide screening for a variety of other health concerns. Please refer to the attached Refugee Health Assessment Report (§400.5(f)).

2. Refugee Medical Screening (RMS) Assurances

- a. All screening services outlined in ORR State Letter 12-09 are generally covered by Medicaid, dependent on the provider's parameters. Tests that may not be paid by Medicaid are those sent to Missouri's DHSS State Laboratory for screening, of which most expenses are for medical screening of patients whose tests were sent either prior to Medicaid approval or for those not eligible for Medicaid. The tests/screenings are mainly related to parasitology, Hepatitis B, Tuberculosis and liver functioning.
- b. At this time, the State does not bill for additional services beyond ORR State Letter 12-09.
- c. Missouri assures medical screenings costs associated with the Refugee Resettlement program are reasonable. DHSS is currently reimbursed at the Medicare cost rate for the Current Procedural Terminology (CPT) code that corresponds to the screening and assessment services provided. Please refer to the attached Memorandum of Understanding for Refugee Medical Screening and CPT Base Cost charts for additional information. DHSS and DSS (Family Support and MO HealthNet Divisions) will analyze the billing process during FFY 2016, and hope to develop processes to further reduce costs.
- d. Refugees receive medical screening within the first ninety (90) days of entry to the United States. The RHC and refugee resettlement agencies report to each other, as well as local public health agencies, the status of new arrivals and work to assure the ninety-day time limit is met, per 45 CFR § 400.107(b).

3. Refugee Health Program/Medical Screening

- a. Medical Screening Direct Costs: Medical screening payments are based on fee-for-service, with variables related to age of patient and type of facility. Screening costs are incurred through tests and screenings sent to the DHSS State Laboratory, of which most expenses are for medical screening patients whose tests were sent either prior to Medicaid approval or for those not eligible for Medicaid. The total cost figures are capped at \$110,000 per year through a reimbursement agreement between DSS and DHSS, of which approximately \$9,000 is directed to the RHC's salary, counted under total program administrative costs.

- b. Medical Screening Administrative Costs: Missouri does not intend to incur administrative costs for medical screening services for FY 2016.

F. Refugee Social Services (RSS) (45 CFR §400.140)

1. The State provides Refugee Social Services statewide, through subcontracts with refugee resettlement agencies.
2. The Refugee Social Service program is consistent with §400.154 and §400.155, serving refugees who have been in the United States (US) less than sixty (60) months (five years). The program supports employability services and other services that address refugee's barriers to employment such as social adjustment services, interpretation and translation services, day care for children, citizenship and naturalization services. Employability services are designed to enable refugees to obtain jobs within one year of becoming enrolled in services.

G. Cuban/Haitian Entrants (45 CFR §401)

Missouri provides statewide services for all refugees, including Cuban/Haitian entrants as required by the Office of Refugee Resettlement under the provision of 45 CFR Part 401 and mandated by Public Law 96-422.

H. Unaccompanied Refugee Minors (45 CFR §400.5(e))

As of and prior to October 1, 2014, Missouri has not participated in the Unaccompanied Refugee Minors (URM) program.

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ATTACHMENT A: DESIGNATION OF LEAD STATE AGENCY



GOVERNOR OF MISSOURI

JEFFERSON CITY
65102

JEREMIAH W. LAY NIXON
GOVERNOR

P.O. Box 700
(573) 751-0222

October 23, 2014

Brian Kinkade
Department of Social Services
221 West High Street
Jefferson City, MO 65101

Re: Designation of Lead Agency for Refugee Resettlement Program

Dear Mr. Kinkade:

As the Governor of the State of Missouri, I hereby designate the Missouri Department of Social Services (MDSS) as the lead agency pursuant to 45 CFR Part 400.5(a).

This designation of MDSS as the lead state agency shall include authority to MDSS Director Brian Kinkade to perform all duties as specified in 45 CFR Part 400.7 which states, "A plan or plan amendment under title IV of the Act must be submitted to the State Governor or his or her designee, for review, comment, and signature before the plan is submitted to ORR." You shall have the authority to review and sign grant applications, certifications of assurances, transmittals and other related documents that may be required as part of the grant process.

In acting on my behalf in reviewing and approving grant applications and related documents, you will be guided by all applicable laws and regulations governing these programs.

This delegation of authority is personal to you as the Director of the Missouri Department of Social Services, and may not be re-delegated. Unless otherwise revoked, this delegation will remain in effect as long as you are serving in your present capacity of Director of the Missouri Department of Social Services.

A copy of this letter of delegation should be submitted along with any grant applications and related documents signed by you on my behalf.

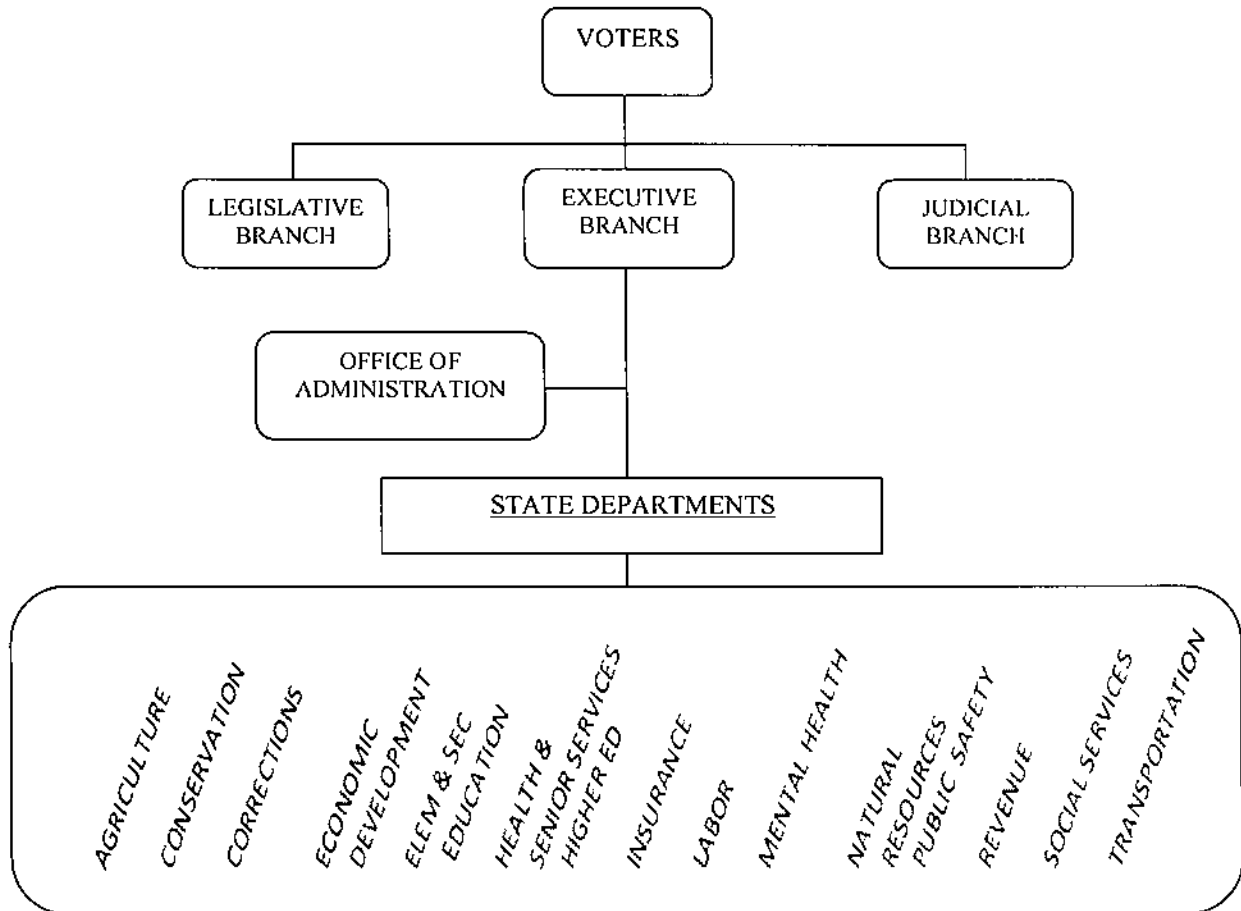
Sincerely,

A handwritten signature in black ink, appearing to read "Jay Nixon".

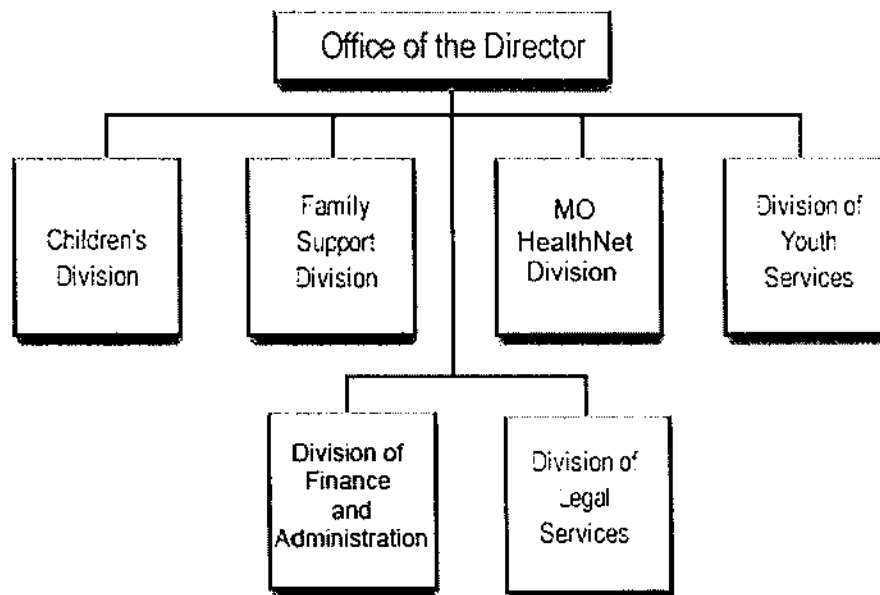
Jeremiah W. (Jay) Nixon
Governor

www.governor.mo.gov

ATTACHMENT B(A) : MISSOURI – STATE ORGANIZATIONAL CHART



ATTACHMENT B(B): MISSOURI DEPARTMENT OF SOCIAL SERVICES ORGANIZATIONAL CHART

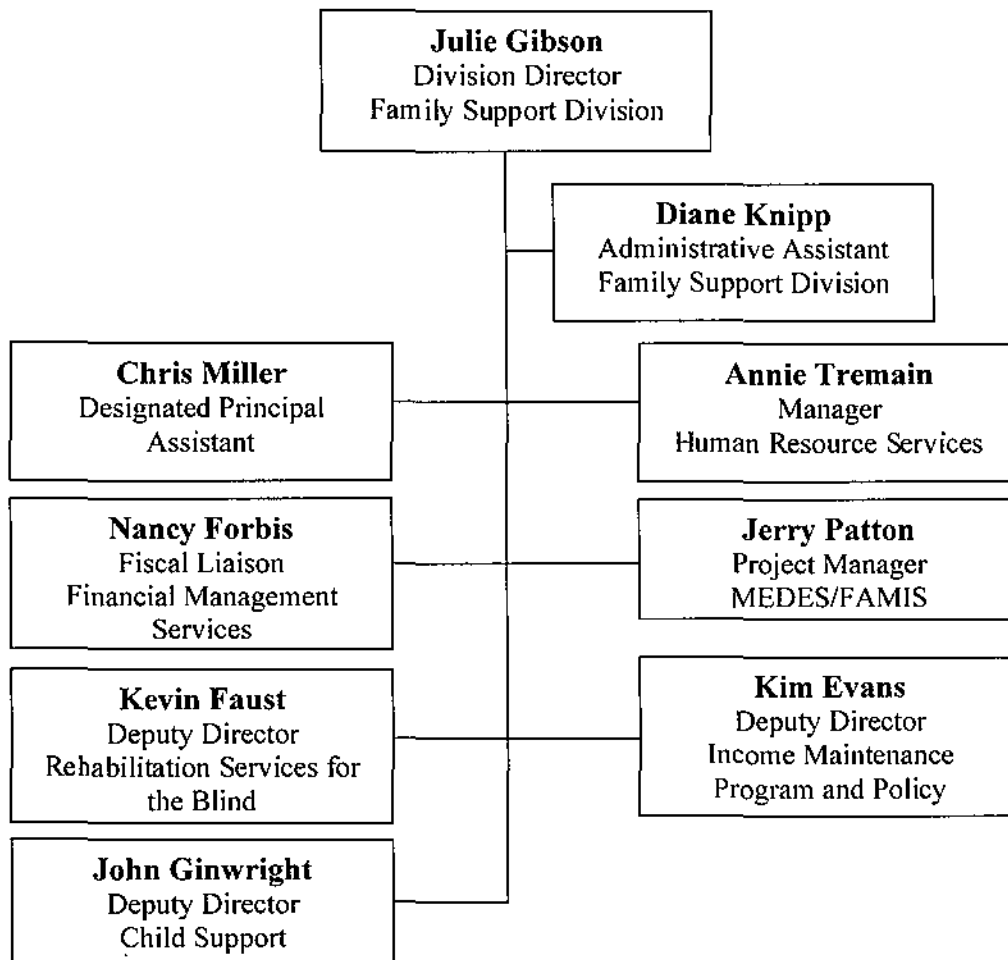


- In Missouri, the Department of Social Services (DSS) is responsible for child welfare, child support enforcement, needs-based programs, juvenile justice and MO HealthNet administration.
- DSS has four (4) program division (Children's Division, Family Support Division, MO HealthNet Division and Division of Youth Services) and two (2) support divisions (Divisions of Finance and Administrative Services and Legal Services) reporting to the Office of the Director. The Office of the Director oversees and coordinates the divisions' programs and services. Brian Kinkade is the DSS Director.

ATTACHMENT B(c): MISSOURI DEPARTMENT OF SOCIAL SERVICES ORGANIZATIONAL CHART
– FAMILY SUPPORT DIVISION –

Department of Social Services
Family Support Division

615 Howerton Court
PO Box 2320
Jefferson City, MO 65102-2320

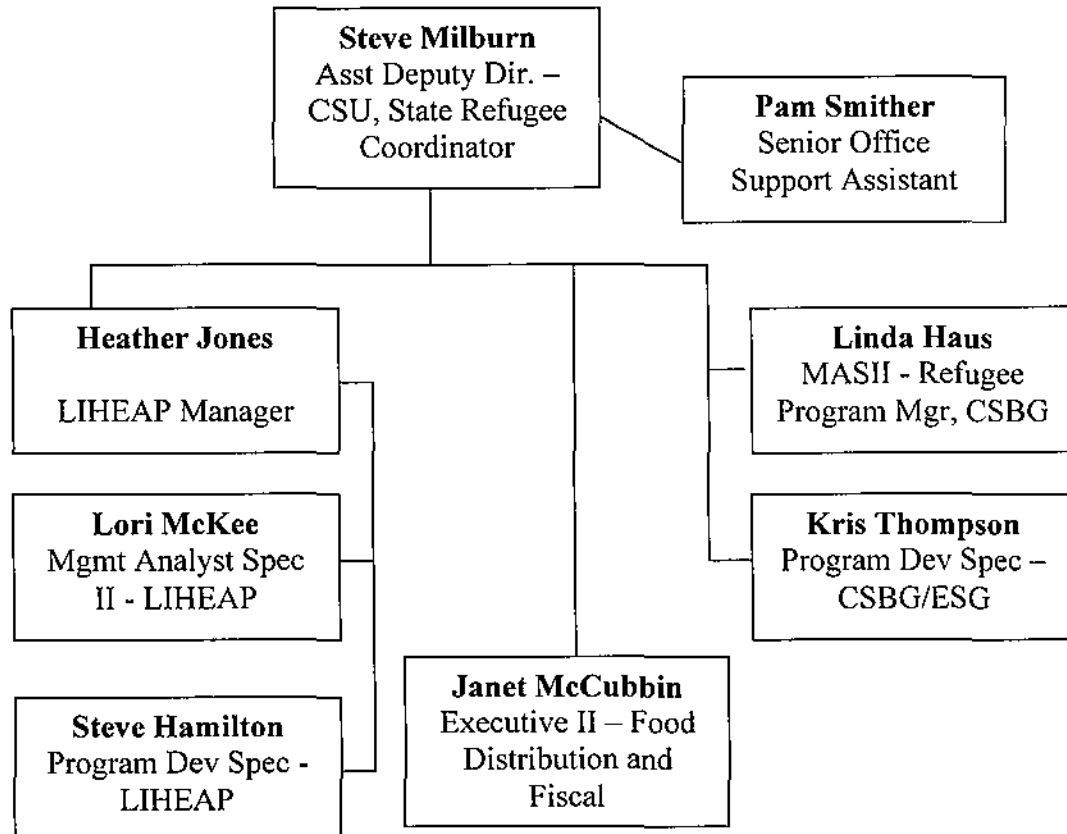


The Family Support Division (FSD) is responsible for the direction and management of the state's child support information, rehabilitation services for the blind and needs-based programs (i.e.: Food Stamps, Medicaid, TANF, RCA/RMA, contracted services).

**ATTACHMENT B(D): MISSOURI DEPARTMENT OF SOCIAL SERVICES ORGANIZATIONAL CHART -
COMMUNITY SUPPORT UNIT**

Department of Social Services, Family Support Division
Community Support Unit (an Income Maintenance Program Unit)

615 Howerton Court
PO Box 2320
Jefferson City, MO 65102-2320



- Steve Milburn is delegated the responsibilities of the State Refugee Coordinator.
- Linda Haus is delegated the responsibilities of the Assistant State Refugee Coordinator.

ATTACHMENT C: PROPOSED ARRIVAL CAPACITIES FOR MISSOURI – FFY 2016

<u>Missouri</u> Refugee Resettlement Agencies	<u>AF</u> (Africa)	<u>EA</u> (East Asia)	<u>ECA</u> (Europe and Central Asia)	<u>LAC</u> (Latin America and the Caribbean)	<u>NE/SA</u> (Near East and South Asia)	Totals	Total/ Agency
<u>Della Lamb</u>							
Ethiopian Community Development Council, Inc. affiliate							
US Tie	50	15	0	10	12	87	150
No US Tie	40	10	0	5	8	63	
<u>Catholic Charities of Central and Northern Missouri – Refugee and Immigration Services</u>							
United States Conference of Catholic Bishops affiliate							
US Tie	25	5	15	0	15	60	160
No US Tie	60	25	0	0	15	100	
<u>Jewish Vocational Services</u>							
United States Committee for Refugees and Immigrants affiliate							
US Tie	90	90	0	10	45	235	450
No US Tie	120	25	0	15	55	215	
<u>International Institute of St. Louis</u>							
United States Committee for Refugees and Immigrants affiliate							
US Tie	150	10	10	20	150	340	650
No US Tie	130	10	0	20	150	310	
<u>International Institute of St. Louis – Springfield Branch</u>							
United States Committee for Refugees and Immigrants affiliate							
US Tie	15	20	35	0	5	75	100
No US Tie	10	10	5	0	0	25	
<u>TOTALS</u>							
<u>% of Total</u>	<u>690</u>	<u>220</u>	<u>65</u>	<u>80</u>	<u>455</u>	<u>1,510</u>	
	46%	15%	4%	5%	30%	100%	

ATTACHMENT D: MEMORANDUM OF UNDERSTANDING [DRAFT] – REFUGEE HEALTH

MOU Number M00361

**Memorandum of Understanding Between
The Missouri Department of Social Services
Family Support Division
and
The Missouri Department of Health and Senior Services**

1. Purpose

- 1.1 This agreement is entered into between the Missouri Department of Social Services, Family Support Division (FSD) and the Missouri Department of Health and Senior Services (DHSS) for the purpose of setting forth the terms and conditions for refugee preventative health services including preventative medical screening and assessment for early diagnosis, and intervention services provided by local public health agencies and the State Public Health Laboratory.
- 1.2 The FSD Missouri Refugee Resettlement Program State Plan ("Missouri State Plan") provides for preventative health services including medical screenings and assessments to newly arriving refugees in the state. FSD's Missouri State Plan cooperates with DHSS' the Refugee Health Program, which operates within DHSS' Bureau of Communicable Disease Control and Prevention. Local public health agencies and the State Public Health Laboratory will assist DHSS in providing initial health screenings and assessments.

2. Definitions

- 2.1 "Refugee" is used in this contract to define the following classifications of individuals:
- a. Individual(s) who entered the country with refugee status under section 207 of the Immigration and Nationality Act (INA) as indicated on USCIS Forms I-551, I-151 or I-94, or holds permanent resident status as a result of adjustment of status under PL 96-212;
 - b. Individual(s) from any country who has been granted asylum under section 208 of the INA;
 - c. Individual(s) paroled as a refugee or granted political asylum as indicated by USCIS Form I-94 - (Section 212(d)5 of the INA).
 - d. Individuals who are victims of severe forms of trafficking, are provided a T Nonimmigrant Status (T visa), and thus, are certified as eligible for refugee services. Also family members pursuant to section 107(b)(1)(A) of the Victims of Trafficking and Violence Protection Act of 2000 shall be eligible for federal and certain State benefits and services to the same extent as refugees;
 - e. Cuban and Haitian entrants, identified as such on the USCIS Form I-94 who meet federal eligibility criteria in 45 CFR part 401;
 - f. Amerasians from Vietnam who are admitted to the U.S. as immigrants pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1998;
 - g. Iraqi and Afghan Special Immigrants per Section 8120 of PL 111-118;
 - h. Individuals who previously held one of the statuses identified above whose status has subsequently been adjusted to that of permanent resident alien.

3. Term of Agreement/Modifications

- 3.1 This agreement shall be effective October 1, 2014 through September 30, 2015 and shall be reviewed annually thereafter for possible renewal and revisions.
- 3.2 Any changes to this agreement must be by formal written amendment reviewed, approved and signed by the authorized personnel of the parties. No other documents, including correspondence, acts and oral communications by or from any person, shall be construed as an amendment to the agreement.
- 3.3 Either party may terminate this agreement after providing a minimum of thirty (30) days written notice to the other party.

4. **Confidentiality**

- 4.1 Any information pertaining to specific individuals served under this agreement, or otherwise protected from public disclosure by state and/or federal law shared by the parties as a result of the performance under this agreement, shall remain confidential and only released to the public as permitted by applicable law. No reports, documentation, or material prepared as required by this agreement which pertain to individually identifiable persons shall be released to the public without the prior, written consent of each party, unless otherwise required by law.
- 4.2 If required, each party and any required personnel of each party must sign specific documents regarding confidentiality, security, or other similar documents upon request.
- 4.3 **HIPAA:** All parties are subject to, and must comply with, applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5) (collectively, and hereinafter, HIPAA) and all regulations promulgated pursuant to authority granted therein.
- a. All parties are "Covered Entities" as defined in the Code Federal Regulations (CFR) at 45 CFR 160.103. Therefore, the parties may disclose, share and use protected health information (PHI) for the purposes permitted or required by law.

5. **Responsibilities of the Parties**

5.1 **DHSS Responsibilities:**

- 5.1.1 DHSS shall designate a State Refugee Health Coordinator (RHC) to serve as the primary contact for the Department of Health and Human Services, Administration for Children and Families' Office of Refugee Resettlement (ORR) and to be responsible for the overall administration of the Refugee Health Program, as well as developing procedures to identify refugees arriving with health conditions requiring attention.
- 5.1.2 DHSS' RHC shall work closely with the local public health agencies throughout Missouri to ensure that within sixty (60) days of DHSS or the (Local Public Health Agency) (LPHA) receiving notification of a refugee's arrival in the state, each refugee receives a health screening that includes the following screenings set out in the Missouri State Plan:
- a. Parasitic infection screening;
 - b. Hepatitis B testing;
 - c. Tuberculosis skin testing;
 - d. Liver function testing;
 - e. Lead screening;
 - f. HIV testing;
 - g. Chest x-ray;
 - h. Any immunizations required by the ORR Domestic Medical Screening Guidelines, attached hereto as Attachment A and incorporated as if fully set forth herein; and
 - i. Screenings for obvious nutritional, vision, hearing and dental problems.
- 5.1.3 The RHC shall work closely with DSS' State Refugee Coordinator to ensure all reports (i.e., ORR-1, ORR-6, and monthly reports of services provided), as well as health-related statistical and financial data reports are completed so that the State Refugee Coordinator can submit the reports as required to ORR.
- 5.1.4 The RHC shall be an active member of the Association of Refugee Health Coordinators and participate in the organization's monthly conference calls.
- 5.1.5 DHSS shall submit to DSS invoices and expenditure reports for health services and the RHC's salary on a quarterly basis. DHSS shall not submit invoices that exceed a total amount of one hundred ten thousand dollars (\$110,000) for the entire effective period of this agreement.

- 5.1.6 DHSS shall submit the invoices and expenditure reports to DSS by the fifteenth (15th) of the month following the end of the quarter. DHSS shall submit the final invoice and expenditure report no later than November 15. DHSS shall submit all invoices and expenditure reports to:

Department of Social Services
Family Support Division
Community Support Unit
P.O. Box 2320
Jefferson City, MO 65102

- 5.1.7 DHSS shall maintain detailed documentation supporting its claims for reimbursement in its invoices and expenditure reports for five (5) years and shall provide the documentation to DSS upon request.
- 5.1.8 Any failure by DHSS to submit the reports required herein when due may result in DSS withholding or rejecting payments under the agreement.
- 5.2 **DSS Responsibilities:**
- 5.2.1 On behalf of DHSS, on an annual basis DSS shall draw from the federal funds provided under the Refugee Cash and Medical Assistance Program Grant an amount not to exceed one hundred ten thousand dollars (\$110,000) that DHSS shall use to:
- fund fifteen percent (15%) of the annual salary for the RHC; and
 - provide preventive health services to newly-arrived refugees in the state in accordance with the terms and conditions of this agreement, including but not limited to the services listed herein. DSS shall reimburse DHSS for these services at the Medicare cost rate for the Current Procedural Terminology (CPT) code that corresponds to the screening and assessment services provided.
- 5.2.2 DSS shall analyze and monitor monthly reports provided by DHSS for trends in relocation and information regarding screening and assessment recommendations.
- 5.2.3 DSS shall review and analyze DHSS' invoices and expenditure reports to determine whether the medical services provided to refugees were appropriate and accurate. DSS shall not reimburse DHSS for services provided and paid under the Missouri Medicaid program.
- 5.2.4 Upon receipt of a referral to the closest FSD local office, DSS shall provide refugees the opportunity to apply for medical assistance and will determine whether each refugee applicant is eligible for medical assistance.
- DSS shall only enroll a refugee applicant in the Refugee Medical Assistance (RMA) program if the refugee applicant is ineligible for both Medicaid and the State Children's Health Insurance Program

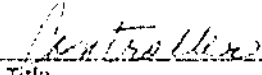
6. Financial Provisions

- 6.1 In accordance with pertinent federal instructions and regulations, the parties agree to the following funding amounts and provisions:
- Funds for the above services are provided through grants received from Office of Refugee Resettlement in an amount not to exceed one hundred ten thousand dollars (\$110,000).
- 6.2 The parties agree to negotiate mutually acceptable terms for use of these funds should changes in usage be necessary during the term of this agreement.
- 6.3 **Federal Funds:** This agreement involves the use of federal funds. In performing its responsibilities under this agreement, DHSS shall comply with the applicable federal funds requirements listed below.
- Office of Management and Budget (OMB) administrative requirements and cost principles, as applicable, including any subsequent amendments, listed below:
 - 1) Uniform Administrative Requirements – A-102 - State/Local Governments; 2 CFR 215 - Hospitals, Colleges and Universities, For-Profit Organizations (if specifically included in federal agency implementation), and Not-For-Profit Organizations (OMB Circular A-110); and

- 2) Cost Principles – 2 CFR 225 – State/Local Governments (OMB Circular A-87); A-122 - Not-For-Profit Organizations; A-21 – Colleges and Universities; 48 CFR 31.2 – For-Profit Organizations; 45 CFR 74 Appendix E – Hospitals.
 - b. In accordance with the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, "Steven's Amendment", DHSS shall not issue any statements, press releases, and other documents describing projects or programs funded in whole or in part with Federal money unless the prior approval of DSS is obtained and unless they clearly state the following as provided by DSS:
 - 1) The percentage of the total costs of the program or project which will be financed with Federal money;
 - 2) The dollar amount of Federal funds for the project or program; and
 - 3) The percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
 - c. Requirements of the Single Audit Act Amendments of 1996 (P.L. 104-156) and Circular A-133, including subsequent amendments or revisions, as applicable to 2 CFR 215.26 as it relates to for-profit hospitals and commercial organizations. A copy of any audit report shall be sent to DSS for each year of the agreement, if applicable. DHSS shall return to the DSS any funds disallowed in an audit of the agreement.
- 6.5 It has been determined that, for the purposes of this agreement, the DHSS is a subrecipient as defined in Office of Management and Budget (OMB) Circular A-133, Section 210. Therefore, the DHSS shall comply with all applicable implementing regulations, and all other laws, regulations and policies authorizing or governing the use of any federal funds paid to the DHSS through this agreement. The current requirements are contained in Exhibit 1.
- a. DHSS shall:
 - 1) provide the DSS with access to any of the independent auditors' reports that present instances of noncompliance with federal laws and regulations that bear directly on the performance of this agreement;
 - 2) in cases of such noncompliance, provide DSS with copies of responses to auditors' reports and a plan for corrective action;
 - 3) make all reports prepared in accordance with the requirements of OMB Circular A-133 available for inspection by representatives of DSS during normal business hours;
 - 4) keep all records as may be reasonably necessary to facilitate an effective audit, for a period of five (5) years following the expiration or termination of the agreement, or until all litigation, claims or audit findings have been resolved and final action is taken; and
 - 5) cooperate with DSS in resolving questions that DSS may have concerning the auditors' report and plans for corrective action.

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Exhibit #1: Federal Funding Accountability and Transparency Act (FFATA) Data Form**See instructions for additional information*

Legal Business Name of Entity	Missouri Department of Health and Senior Services		
Doing Business As (if different)			
Street Address	920 Wildwood Dr.		
City	Jefferson City	State	MO Zip Code + 4* : 65109-5796
DUNS Number*	878092600		
Parent Organization's DUNS Number*	N/A		
Principal Place of Performance*	Statewide		
Contact Person's Name / Title	Renee' Godsey		
Contact Person Phone Number	573-526-0614		
Contact Person E-Mail	Renee.Godsey@health.mo.gov		
Executive Compensation Information*			
<i>*Complete this section if required. See instructions for additional information before completing.</i>			
List the organization's top five most highly compensated executives for the preceding contractor fiscal year.			
Name	Amount		
1.			
2.			
3.			
4.			
5.			
Certification:			
I attest the facts stated above are true and correct.			
I understand the information provided will be reported by the Department of Social Services to the FFATA Subaward Reporting System (FSRS) and the information will be accessible to the public.			
 Authorized Representative's Signature		Renee Godsey Printed Name	
 Title		12/23/11 Date	

MISSOURI CPT BASE RATES (AS OF JULY 15, 2015)

Screening Activity & CPT Code	CPT/HCPCS Descriptors	Base Payment Rate
History and Physical Exam*		
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; infant (age younger than 1 year)	\$23.00
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; early childhood(age 1 through 4 years)	\$23.00
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; late childhood(age 5 through 11 years)	\$23.00
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; adolescent (age 12 through 17 years)	\$23.00
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; 18 through 39 years	\$32.50
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; 40 through 64 years	\$32.50
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient; 65 years and older	\$32.50
Doctor Visit #2*		
99213	Office/outpatient visit [return visit]	\$36.38
Nurse Visit		
99211	Office/outpatient visit	\$14.31

MISSOURI REFUGEE STATE PLAN

Screening Activity & CPT Code	CPT/HCPCS Descriptors	Base Payment Rate
Laboratory Testing		
CBC		
85025	Complete CBC w/ WBC differential	\$10.22
Serum Chemistries		
80047	Basic metabolic panel	\$11.12
80048	Basic metabolic panel	\$0.92
80053	Comprehensive metabolic panel	\$13.73
Urinalysis		
81000	Urinalysis	\$3.30
81001	Urinalysis	\$4.17
81002	Urinalysis	\$1.83
81003	Urinalysis	\$1.83
81005	Urinalysis	\$2.84
Cholesterol		
82465	Total cholesterol	\$5.50
83718	HDL	\$10.76
Pregnancy Testing		
81025	Urine pregnancy test	\$7.92
84703	Chorionic gonadotropin assay, qualitative	\$7.92
84702	Chorionic gonadotropin test, quantitative	\$8.69
Blood Lead Level		
83655	Assay of lead	\$15.90
83540	Assay of iron	\$8.51
82728	Assay of ferritin	\$17.90
85046	Reticulocyte/Hgb concentrate	\$6.76
HIV Testing		
86701	HIV-1, antibody, rapid test	\$11.66
86702	HIV-2, antibody, rapid test	\$13.94
86703	HIV-1/HIV-2 single result, antibody, rapid test	\$13.94
87390	HIV-1 enzyme immunoassay (EIA)	\$24.65
87391	HIV-2 EIA	\$24.65
86689	HTLV/HIV confirmatory test, antibody - <i>if screening test positive</i>	\$25.43
87534	HIV-1 DNA direct probe	\$28.02
87535	HIV-1 DNA amplified probe	\$36.97
87537	HIV-2 DNA direct probe	\$28.02
87538	HIV-2 DNA amplified probe	\$36.97
87536	HIV-1 RNA quantative RT-PCR - <i>only in infants of HIV + mothers</i>	\$98.66
87539	HIV-2 RNA quantative RT-PCR - <i>only in infants of HIV + mothers</i>	\$59.85

Screening Activity & CPT Code	CPT/HCPCS Descriptors	Base Payment Rate
Laboratory Testing (continued)		
Hepatitis B Testing		
87340	Hepatitis B surface antigen EIA	\$13.57
86704	Hepatitis B core antibody total	\$15.84
86706	Hepatitis B surface antibody	\$14.11
87341	Hepatitis B surface antigen EIA, confirm - <i>if initial screen (87340) positive</i>	\$13.57
Hepatitis C Testing		
86803	Hepatitis C antibody	\$18.76
86804	Hepatitis C antibody, confirm - <i>if initial screen (86803) positive</i>	\$20.35
Syphilis Screening		
86592	Syphilis test non-treponemal [VDRL or RPR]	\$5.50
86593	Syphilis test non-treponemal, quantitative - <i>if initial screen (86593) positive</i>	\$5.50
Syphilis Confirmatory		
86780	Treponema pallidum [TP-PA; FTA; ELISA; IgG]	\$13.94
Chlamydia Testing		
87491	Chlamydia and gonorrhea DNA amplification probe	\$36.97
87810	Chlamydia immunoassay	\$16.76
87270	Chlamydia DFA	\$16.76
87320	Chlamydia EIA	\$16.76
87110	Chlamydia culture	\$13.93
Newborn Screening (outpatient)		
NA	Newborn screening	manually priced

Screening Activity & CPT Code	CPT/HCPCS Descriptors	Base Payment Rate
Serology and Immunization		
Serology		
86762	Rubella antibody	\$13.94
86765	Rubeola antibody	\$13.94
86735	Mumps antibody	\$13.94
86787	Varicella-zoster antibody	\$13.94
86648	Diphtheria antibody	\$13.94
86774	Tetanus antibody	\$13.94
86658 x 3	Enterovirus antibody [polio 1, 2, 3]	\$13.94
86708	Hepatitis A antibody total	\$16.28
Immunization (continued)		
90707	Measles, mumps and rubella virus vaccine (MMR), live	\$31.75
90716	Varicella virus vaccine, live	\$55.17
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV)	\$20.00
90698	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV)	\$25.00
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)	\$19.00
90714	Tetanus and diphtheria toxoids (Td)	\$14.99
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)	\$22.22
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV)	\$25.00
90713	Poliovirus vaccine, inactivated, (IPV)	\$49.00
90632	Hepatitis A vaccine, adult dosage	manually priced
90633	Hepatitis A vaccine, pediatric/adolescent	\$5.00
90636	Hepatitis A and hepatitis B (HepA-HepB)	manually priced
90744	Hepatitis B vaccine, pediatric/adolescent	\$42.16
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	\$51.35
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	\$10.00
90648	Haemophilus influenza b vaccine (Hib)	\$5.00
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) 3 dose schedule, for intramuscular use	\$120.00
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	\$5.00
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	\$5.00
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	\$10.75
90680, 90681	Rotavirus vaccine	\$5.00
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use	\$22.22
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	\$153.93

Screening Activity & CPT Code	CPT/HCPCS Descriptors	Base Payment Rate
Serology and Immunization (continued)		
TB screening		
86480	Tb test cell immun measure [IGRA]	\$81.44
86481	Tb ag response t-cell susp [IGRA]	\$87.22
86580	TST/PPD reading	\$5.50
71010	Chest x-ray, frontal	\$15.80
71020	Chest x-ray, PA and lateral	\$19.86
Stool O & P		
87177 x 2	Ova and parasites smear	\$7.77
treat	Albendazole	manually priced
Strongyloidiasis Test		
86682	Helminth antibody	\$13.94
treat	Ivermectin	manually priced
Schistosomiasis Test		
86682	Helminth antibody	\$13.94
treat	Praziquantel	manually priced
Malaria		
86750	Malaria antibody	\$13.94
87899	Malaria rapid screen and stain	\$15.77
87207 x 3	Parasite blood smear	\$11.24
87798	Malaria PCR, speciation	\$36.97
treat	Atovaquone-Proguanil	manually priced
Multivitamins		
treat	Multivitamin	manually priced

ATTACHMENT F: MISSOURI'S LOCAL PUBLIC HEALTH AGENCIES (AS OF JUNE 1, 2015)

Adair County Health Department 1001 S Jamison St Kirksville, MO 63501-3986	Andrew County Health Department 106 N 5 th , PO Box 271 Savannah, MO 64485-1642
Atchison County Health Department 421 Main Tarkio, MO 64491-1544	Audrain City- County Health Department 1130 S Elmwood, PO Box 957 Mexico, MO 65265-1373
Barry County Health Department 65 Main St, PO Box 207 Cassville, MO 65625-9400	Barton County Health Department 1301 E 12 th St Lamar, MO 64759-2182
Bates County Health Center 501 N Orange, PO Box 178 Butler, MO 64730-1325	Benton County Health Department 1238 Commercial St, PO Box 935 Warsaw, MO 65355-3157
Bollinger County Health Center 107 Highway 51 N, PO Box 409 Marble Hill, MO 63764-0409	Butler County Health Department 1619 N Main St Poplar Bluff, MO 63901-3445
Caldwell County Health Department 255 W Main St, PO Box 66 Kingston, MO 64650-9171	Callaway County Health Department 4950 County Road 304 Fulton, MO 65251-5422
Camden County Health Department 1976 N Business Rte 5, PO Box 816 Camdenton, MO 65020-2612	Cape Girardeau County Public Health Center 1121 Linden St, PO Box 1839 Cape Girardeau, MO 63702-7708
Carroll County Health Department 5 N Ely Carrollton, MO 64633-1309	Carter County Health Center 1611 Health Center Rd, PO Box 70 Van Buren, MO 63965-0070
Cass County Health Department Court House Annex III, 300 S Main Harrisonville, MO 64701-2354	Cedar County Memorial Hospital 1401 S Park St El Dorado Springs, MO 64744-2037
Cedar County Health Department 1317 S Highway 32 El Dorado Springs, MO 64744-5017	Cedar County Health Department 807 Owen Mill Rd Stockton, MO 65785-8359
Chariton County Health Center 206 State St Keytesville, MO 65261-1163	Christian County Health Department 301 E Brick St, PO Box 340 Ozark, MO 65721-6682
Clark County Health Department 670 N Johnson, PO Box 12 Kahoka, MO 63445-1430	Clay County Public Health Center 800 Haines Dr Liberty, MO 64068-1006
Clinton County Health Department 106 Bush St Plattsburg, MO 64477-1779	Cole County Health Department 1616 Industrial Dr Jefferson City, MO 65109-1471
Columbia-Boone County Dept of Public Health and Human Services 1005 W Worley, PO Box 6015 Columbia, MO 65205-2037	Cooper County Public Health Center 17040 Klinton Dr Boonville, MO 65233-3542
Crawford County Nursing Service 202 W Main St, PO Box 367 Steelville, MO 65565-5169	Dade County Health Department 413 W Water St Greenfield, MO 65661-1353

MISSOURI REFUGEE STATE PLAN

Dallas County Health Department 1011 W Main, PO Box 199 Buffalo, MO 65622-8679	Daviess County Health Department 609A S Main St Gallatin, MO 64640-1447
Dent County Health Center 601 S MacArthur Salem, MO 65560-2132	Douglas County Health Department 603 NW 12 th Ave, Bldg C, PO Box 940 Ava, MO 65608-0940
Dunklin County Health Department 410 Teaco Rd Kennett, MO 63857-3239	Franklin County Department of Health 414 E Main St Union, MO 63084-1624
Gasconade County Health Department 300 Schiller St Hermann, MO 65041-1154	Grundy County Health Department 1716 Lincoln St Trenton, MO 64683-1584
Harrison County Health Department 1700 Bethany Ave, PO Box 425 Bethany, MO 64424-8363	Henry County Health Center 1800 Community Dr Clinton, MO 64735-2106
Hickory County Health Department 201 Cedar St, PO Box 21 Hermitage, MO 65668-9218	Holt County Health Department 108 S Main, PO Box 438 Oregon, MO 64473-4335
Howard County Public Health Department 600 W Morrison, Ste 7 Fayette, MO 65248-1075	Howell County Health Department 180 S Kentucky St West Plains, MO 65775-2082
Independence City Health Department 515 S Liberty St, PO Box 1019 Independence, MO 64051-3806	Iron County Health Department 606 W Russell Ironton, MO 63650-1323
Jackson County Health Department 313 S Liberty St Independence, MO 64050-3802	Jasper County Health Department 105 Lincoln Carthage, MO 64836-1512
Jefferson County Health Department 405 Main St, PO Box 437 Hillsboro, MO 63050-4351	Jefferson County Health Department – Branch 1818 Lonedell Rd Arnold, MO 63010
Johnson County Community Health Services 723 PCA Rd Warrensburg, MO 64093-7913	Joplin City Health Department 321 E 4 th St Joplin, MO 64801-2208
Kansas City Health Department 2400 Troost, Ste 4000 Kansas City, MO 64108-2854	Knox County Health Department 217 N First St Edina, MO 63537-1127
Laclede County Health Department 405 Harwood Ave Lebanon, MO 65536-2319	Lafayette County Health Department 547 S Business Highway 13 Lexington, MO 64067-1437
Lawrence County Health Department 105 W North St Mt Vernon, MO 65712-1017	Lewis County Health Department 101 State Highway A, PO Box 96 Monticello, MO 63457-0096
Lincoln County Health Department #5 Health Department Dr Troy, MO 63379-4551	Linn County Health Department 635 S Main, PO Box 280 Brookfield, MO 64628-2340
Livingston County Health Center 800 Adam Dr Chillicothe, MO 64601-3900	McDonald County Health Department 500 Olin St, PO Box 366 Pineville, MO 64856-0366

MISSOURI REFUGEE STATE PLAN

Macon County Health Department 503 N Missouri St Macon, MO 63552-1751	Madison County Health Department 806 W College Ave Fredericktown, MO 63645-1308
Marion County Health Department & Home Health Agency 3105 Rte W, PO Box 1378 Hannibal, MO 63401-1378	Mercer County Health Department 305 W Main Princeton, MO 64673-1133
Miller County Health Center 2125 Highway 52, PO Box 2 Tuscumbia, MO 65082-2305	Mississippi County Health Department 1200 E Marshall Charleston, MO 63834-1336
Mississippi County Health Department – Branch Office 202 E Pine East Prairie, MO 63845	Moniteau County Health Center 401 S Francis California, MO 65018-2204
Monroe County Health Department 310 N Market Paris, MO 65275-1047	Montgomery County Health Department 400 Salisbury Montgomery City, MO 63361-1232
Morgan County Health Center 104 W Lafayette St Versailles, MO 65084-1346	New Madrid County Health Department 406 Highway 61 New Madrid, MO 63869-1642
Newton County Health Department 812 W Harmony, PO Box 447 Neosho, MO 64850-1627	Nodaway County Health Center 2416 S Main Maryville, MO 64468-3622
Oregon County Health Department 4 Market St, PO Box 189 Alton, MO 65606-0189	Osage County Health Department 205 E Main St, PO Box 533 Linn, MO 65051-9570
Ozark County Health Center 370 3 rd St, PO Box 180 Gainesville, MO 65655-7128	Pemiscot County Health Center 810 E Reed St Hayti, MO 63851-1241
Perry County Health Department 406 N Spring, Ste 1 Perryville, MO 63775-1912	Pettis County Health Center 911 E 16 th St Sedalia, MO 65301-7733
Phelps/Maries County Health Department 200 N Main, Ste G51 Rolla, MO 65401-3070	Pike County Health Department 1 Health Care Place Bowling Green, MO 63334-3602
Platte County Health Department 212 Marshall Rd Platte City, MO 64079-9761	Polk County Health Center 1317 W Broadway, PO Box 124 Bolivar, MO 65613-1814
Pulaski County Health Center & Home Health Agency 101 12 th St Crocker, MO 65452-9203	Putnam County Health Department 103 N 18 th St, PO Box 354 Unionville, MO 63565-1601
Ralls County Health Department 405 W First St, PO Box 434 New London, MO 63459-1204	Randolph County Health Department 423 E Logan, PO Box 488 Moberly, MO 65270-2222
Ray County Health Department 820 E Lexington Richmond, MO 64085-1930	Reynolds County Health Center 2323 Green St, PO Box 40 Centerville, MO 63633-9998

MISSOURI REFUGEE STATE PLAN

Ripley County Public Health Center 1003 E Locust St Doniphan, MO 63935-1828	St Charles County Department of Community Health and the Environment 1650 Boone's Lick St Charles, MO 63301-2245
St Clair County Health Center 530 Arduser Dr Osceola, MO 64776-6284	St Francois County Health Center 1025 W Main, PO Box 367 Park Hills, MO 63601-2079
City of St. Joseph Health Department 904 S 10 th St Joseph, MO 64503-1666	City of St Louis Department of Health 1520 Market St, PO Box 14702 St Louis, MO 63178-2620
St Louis County Department of Health 6121 N Hanley Rd Berkeley, MO 63134-2003	Ste Genevieve County Health Department 115 Basler Dr, PO Box 49 Ste Genevieve, MO 63670-7201
Saline County Health Department 1825 S Atchison Ave Marshall, MO 65340-9752	Schuyler County Health Department 275 S Green St, PO Box 387 Lancaster, MO 63548-1097
Scotland County Health Department 450 B East Sigler Memphis, MO 63555-1727	Scott County Health Department 102 Grove Estates Ct, PO Box 129 Sikeston, MO 63801-0129
Shannon County Health Center 110 Grey Jones Dr, PO Box 788 Eminence, MO 65466-0788	Shelby County Health Department 700 E Main St, PO Box 240 Shelbyville, MO 63469-1422
Springfield/Greene County Health Department 227 E Chestnut Expressway Springfield, MO 65802-3847	Stoddard County Public Health Center 1001 N Highway 25, PO Box 277 Bloomfield, MO 63825-0277
Stone County Health Department 109 E 4 th St Galena, MO 65656-9649	Sullivan County Health Department 101 Hawthorne Dr, PO Box 129 Milan, MO 63556-1017
Taney County Health Department 15479 US Highway 160, PO Box 369 Forsyth, MO 65653-0369	Taney County Health Department – Branson 320 Rinehart Rd Branson, MO 65616-9193
Texas County Health Department 950 N Highway 63, Ste 500 Houston, MO 65483-2619	Tri- County Health Department (DeKalb/Gentry/Worth Counties) 302 N Park Stanberry, MO 64489-1246
Vernon County Health Department 301 N Washington Nevada, MO 64772-2344	Warren County Health Department 101 Mockingbird Ln, Suite 100 Warrenton, MO 63383-7003
Washington County Health Department 520 Purcell Dr Potosi, MO 63664-1598	Wayne County Health Center 115 Hickory, PO Box 259 Greenville, MO 63944-0259
Webster County Health Unit 233 E Washington Marshfield, MO 65706-1859	Wright County Health Department 300 S Main Suite C, PO Box 97 Hartville, MO 65667-8200
Wright County Health Department – Branch 600 E State St Suite B, PO Box 734 Mountain Grove, MO 65711	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR COMMUNICABLE DISEASE PREVENTION
HEALTH PROGRAM FOR REFUGEES

REFUGEE HEALTH ASSESSMENT REPORT

AN FOIA EMPLOYER - services provided on nondiscriminatory basis

P.O. BOX 570

JEFFERSON CITY, MO 64102-0570

This section is to be filled out by BCDGP

EDR NUMBER

NAME (FAMILY NAME FIRST, FOLLOWED BY REMAINING NAMES)		SOCIAL SECURITY NUMBER	DATE OF BIRTH MO DAY YEAR			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WAS SCREENING COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, COMPLETE SECTIONS B THRU F IF NO, CHECK REASON IN SECTION A		CLASSIFICATION <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> B OTHER	<input type="checkbox"/> IMMIGRANT <input type="checkbox"/> PAROLEE <input type="checkbox"/> ASYLEE <input type="checkbox"/> K1 <input type="checkbox"/> K3 <input type="checkbox"/> REFUGEE
SPONSOR		DATE RECEIVED				

PROCESSING DATE	MONTH	DAY	YEAR
A-NUMBER			
COUNTY CODE			
ETHNICITY CODE			

FILL OUT FORM COMPLETELY

<p>A. IF SCREENING WAS NOT COMPLETED, PLEASE INDICATE THE REASON. CHECK ONLY ONE BOX</p> <p><input type="checkbox"/> 1. Locating information was in error or missing.</p> <p><input type="checkbox"/> 2. The client was never seen by the sponsor.</p> <p><input type="checkbox"/> 3. The client moved out of county before Health Department contact.</p> <p><input type="checkbox"/> 4. The client was located but numerous attempts to contact failed.</p> <p><input type="checkbox"/> 5. The offer for screening was refused.</p> <p><input type="checkbox"/> 6. The client accepted screening but did not keep the appointment.</p> <p><input type="checkbox"/> 7. The client began screening but did not return. (Please indicate any known results in Sections B thru D and CIRCLE known diseases in Section E.)</p> <p><input type="checkbox"/> 8. The client was screened by a private provider.</p> <p><input type="checkbox"/> 9. Other _____</p>		<p>E. PLEASE INDICATE FINDINGS AND ACTION TAKEN. CHECK ONE BOX PER LINE ONLY</p> <table border="1"> <thead> <tr> <th>CLIENT EXAMINED</th> <th>CONDITION PRESENT</th> <th>FOLLOW-UP BY HEALTH DEPT.</th> <th>FOLLOW-UP BY OTHER PROVIDER</th> </tr> </thead> <tbody> <tr> <td>A. HEPATITIS B SURFACE ANTIGEN POSITIVE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. PARASITIC INFECTIONS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. GROSS NUTRITIONAL PROBLEMS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. VISUAL IMPAIRMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>E. HEARING IMPAIRMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F. DENTAL PROBLEMS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>G. HIGH RISK PREGNANCY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>H. OTHER (SPECIFY):</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		CLIENT EXAMINED	CONDITION PRESENT	FOLLOW-UP BY HEALTH DEPT.	FOLLOW-UP BY OTHER PROVIDER	A. HEPATITIS B SURFACE ANTIGEN POSITIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. PARASITIC INFECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. GROSS NUTRITIONAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. VISUAL IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. HEARING IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. DENTAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. HIGH RISK PREGNANCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. OTHER (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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H. OTHER (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
<p>B. PLEASE CHECK ONE BOX TO INDICATE THE CLIENT'S IMMUNIZATION STATUS.</p> <p><input type="checkbox"/> COMPLETE PRIOR TO HEALTH DEPARTMENT CONTACT</p> <p><input type="checkbox"/> INCOMPLETE - TO BE GIVEN BY HEALTH DEPARTMENT</p> <p><input type="checkbox"/> INCOMPLETE - TO BE GIVEN BY OTHER PROVIDER</p> <p><input type="checkbox"/> COMPLETED BY HEALTH DEPARTMENT</p>		<p>F. TUBERCULOSIS EXAMINATION</p> <p>TUBERCULIN (MANTOUX) SKIN TEST: DATE GIVEN ____/____/____ DATE READ ____/____/____ mm of INDURATION _____ <input type="checkbox"/> NOT DONE REASON: _____</p> <p>CHEST X-RAY: DATE GIVEN ____/____/____ <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/> CAVITARY <input type="checkbox"/> NONCAVITARY <input type="checkbox"/> NOT DONE REASON: _____</p> <p>ANTI-TUBERCULAR THERAPY: <input type="checkbox"/> TWO OR MORE TB DRUGS <input type="checkbox"/> ONE TB DRUG <input type="checkbox"/> NO TB DRUGS REASON: _____</p>																																					
<p>C. WAS THE CLIENT REFERRED TO ANY OF THE FOLLOWING PROGRAMS?</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. FAMILY PLANNING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. MCH - MATERNITY CARE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. MCH - CHILD CARE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. WIC</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			YES	NO	A. FAMILY PLANNING	<input type="checkbox"/>	<input type="checkbox"/>	B. MCH - MATERNITY CARE	<input type="checkbox"/>	<input type="checkbox"/>	C. MCH - CHILD CARE	<input type="checkbox"/>	<input type="checkbox"/>	D. WIC	<input type="checkbox"/>	<input type="checkbox"/>	<p>G. BLOOD LEAD LEVELS (FOR BLOOD LEAD LEVELS, CONTACT THE HEALTH DEPARTMENT FOR INFORMATION)</p> <p>DATE GIVEN ____/____/____ DATE READ ____/____/____ mm of INDURATION _____ <input type="checkbox"/> NOT DONE REASON: _____</p>																						
	YES	NO																																					
A. FAMILY PLANNING	<input type="checkbox"/>	<input type="checkbox"/>																																					
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D. WIC	<input type="checkbox"/>	<input type="checkbox"/>																																					
<p>D. PLEASE INDICATE THE FIRST AND LAST DATES OF SCREENING</p> <p>A. DATE BEGAN ____/____/____ DATE COMPLETED ____/____/____</p> <p>B. NO. OF HOME VISITS ____ NUMBER OF CLINIC VISITS ____</p>		<p>COMMENTS:</p>																																					

MO 68C-0333 (2-05)

DISTRIBUTION: WHIRLPOOL CANARY LOCAL HEALTH UNIT PINK DISC PENDING

REG-1

ATTACHMENT G: REFUGEE HEALTH ASSESSMENT REPORT FORM

MISSOURI REFUGEE STATE PLAN

REFUGEE HEALTH ASSESSMENT REPORT FORM (CONT)**DEFINITIONS**

COMPLETION OF HEALTH SCREENING - Health screening is completed when (a) immunization status has been determined, (b) items in section E as appropriate have been found present or absent, (c) it has been determined the client does or does not need services available in section C, (d) the appropriate referral has been made and follow-up responsibilities assigned. When this is done, please complete the form and return to the Missouri Department of Health and Senior Services, Section of Epidemiology Services.

HOME VISITS - Include visits made by any local health unit employee involved in the screening process when the refugee cannot come to the health unit to receive or complete screening. Does not include follow-up visits.

CLINIC VISITS - Anytime a refugee comes to the clinic for health screening related purposes. Does not include visits made to the clinic for services in Section C.

EXAMINATION - Any evaluation for the purpose of screening for, or diagnosis of, health condition; includes historical review, physical and mental evaluation.

FOLLOW-UP - Any activities following examination that result in the individual's health problem being resolved. These activities may:

1. Assure that a recommended/required treatment regimen is adhered to.
2. Ascertain that instructions and directions were thoroughly understood and carried out.
3. Include telephone calls, personal contact by home visits, clinical visits, or visits to other health professionals.

SECTION E

- (a) **Hepatitis B** - Self-explanatory.
- (b) **Parasitic infections** - Identifications of pathogenic parasites in the feces of a person.
- (c) **Gross nutritional problem** - A condition characterized by anemia or abnormal growth parameters.
- (d) **Visual impairment** - A condition which requires additional or professional diagnosis for treatment and care as determined by the local health unit.
- (e) **Hearing impairment** - A condition which requires additional or professional diagnosis for treatment and care as determined by the local health unit.
- (f) **Dental problems** - Complaint of pain, swelling or discomfort, and visible infection or broken-down tissues; for example, broken teeth, gum boils, obvious carious lesions, etc.
- (g) **High risk pregnancy** - Self-explanatory.

PARASITE CODES

01	<i>Ascaris lumbricoides</i>
02	<i>Chilomastix mesnili</i>
03	<i>Clonorchis sinensis</i>
04	<i>Entodimex nana</i>
05	<i>Entamoeba coli</i>
06	<i>Entamoeba hartmanni</i>
07	<i>Entamoeba histolytica</i>
08	<i>Enterobius vermicularis</i>
09	<i>Giardia lamblia</i>
10	Hookworm
11	<i>Hymenolepis nana</i>
12	<i>Iodamoeba butschlii</i>
13	<i>Isospora belli</i>
14	<i>Metagonimus heterophytes</i>
15	<i>Strongyloides</i> sp.
16	<i>Taenia saginata</i>
17	<i>Taenia</i> sp.
18	<i>Trichuris trichiura</i>
19	Other

ETHNICITY CODES

Afghanistan	110	Iran	460
Albania	120	Iraq	465
Argentina	150	Laos, Hmong	531
Bulgaria	245	Laos, Mien	532
Burma	250	Laos, Other	533
Cambodia	255	Malaysia	580
Chile	275	Pakistan	700
China	280	Poland	730
Cuba	300	Romania	755
Czechoslovakia	310	Somalia	800
El Salvador	330	Soviet Union	825
Ethiopia	335	Thailand	875
Haiti	420	Vietnam	945
Hungary	445	Other	998
Indonesia	455	Unknown	999

ATTACHMENT H: NONDISCRIMINATION POLICY STATEMENT

The Missouri Department of Social Services (DSS) is committed to the principles of equal employment opportunity and equal access to services. Accordingly, DSS employees, applicants for employment, and contractors are treated equitably regardless of race, color, national origin, ancestry, genetic information, pregnancy, sex, sexual orientation, age, disability, religion, or veteran status.

All DSS contracts and vendor agreements shall contain nondiscrimination clauses as mandated by the Governor's Executive Order 94-3, Article XIII. Such clauses shall also contain assurances of compliance with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990 (ADA), as amended; the Age Discrimination Act of 1975, as amended and other pertinent civil rights laws and regulations.

DSS applicants for, or recipients of, services from DSS are treated equitably regardless of race, color, national origin, ancestry, sex, age, sexual orientation, disability, veteran status, or religion. Appropriate interpretive services will be provided as required for the visually or hearing impaired and for persons with language barriers.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the Department of Social Services, should contact their local office or the DSS ADA Coordinator, Office for Civil Rights Manager Jennifer Zamkus, at the address/phone number listed below, as soon as possible but no later than 48 hours before the scheduled event.

Applicants for, or recipients, of services from DSS who believe they have been denied a service or benefit may file a complaint by calling the DSS Office for Civil Rights at (800) 776-8014 (Toll Free); or Relay Missouri for hearing and speech impaired at (800) 735-2466 (Voice); (800) 735-2966 (Text). Complaints may also be filed by contacting the local office or by writing to:

Missouri Department of Social Services
Office for Civil Rights
P. O. Box 1527
Jefferson City, MO 65102-1527

Applicants for, or recipients of services from DSS who believe they have been denied a service or benefit because of race, color, national origin, sex, age, disability, or religion may also file a complaint by writing to:

U.S. Department of Health and Human Services
Office for Civil Rights
601 East 12th Street, Room 248
Kansas City, MO 64106
(816) 426-7277 (Voice); (816) 426-7065 (TDD)

Additionally, any person who believes they have been discriminated against because of race, color, national origin, age, sex, disability, religion, or political belief in any United States Department of Agriculture (USDA) related activity (e.g. food stamps, commodity food, etc.) may file a complaint directly with USDA by completing a USDA Program Discrimination Complaint Form. This form can be found online at http://www.ascr.usda.gov/complaint_filing_cust.html, at any USDA office, or by calling (866) 632-9992. A letter containing all of the information requested in the form will be accepted in lieu of the form. Send the completed complaint form or letter by mail, fax, or email to:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
Fax (202) 690-7442
Email: program_intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Requests for information in alternative means of communication such as Braille or large print should be directed to (202) 720-2600 (Voice and TDD).

This policy shall be posted in a conspicuous place, accessible to all applicants for services, clients, employees, and applicants for employment, in all divisions, institutions and offices governed by DSS. June 2014

ATTACHMENT I: EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
EQUAL EMPLOYMENT OPPORTUNITY
POLICY STATEMENT**

The Missouri Department of Social Services supports equal employment opportunity in the workplace. It is the policy of the Department of Social Services not to discriminate against any employee or applicant for employment on the basis of sex, race, color, national origin, ancestry, age, religion, disability, genetic information, pregnancy, sexual orientation, or veteran status.

This policy extends to recruitment, employment, promotion, demotion, transfer, lay-off, termination, compensation, training, benefits, and all other terms and conditions of employment. Reasonable accommodations will be provided for applicants and employees with disabilities. We are dedicated to both effective human resources management and equitable treatment of our employees.

The Department of Social Services is committed to a policy of equal employment opportunity that utilizes all qualified employees and applicants to their full potential. Employees are our most valuable resource and it is our policy that equal employment opportunity is afforded to all present and prospective employees. The Department will act assuredly to recruit, employ, and advance minorities, women, persons with disabilities, and veterans.

The Department of Social Services is dedicated to maintaining a workplace that is diverse, respectful and in compliance with all federal and state laws, regulations and guidelines in our employment practices and in the provision of services to clients. In accordance with the Governor's Executive Order 10-24 and applicable federal and state regulations, the department has prepared a Workforce Diversity Plan to provide information and to assist managers and employees in our pursuit toward maintaining a workplace that is diverse and respectful. The division directors have the authority, responsibility and accountability for providing equal employment opportunity within the department.

This policy shall be posted in a conspicuous place, accessible to all employees and applicants for employment, in all offices of the Department of Social Services.

April 2013

ATTACHMENT J: ASSURANCES – NON-CONSTRUCTION PROGRAM[View Burden Statement](#)OMB Number: 4040-0007
Expiration Date: 05/30/2014**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

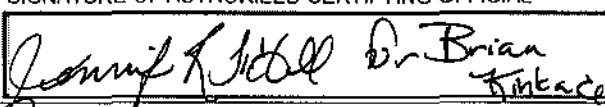
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

MISSOURI REFUGEE STATE PLAN

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988, (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">  </div>	TITLE <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Director </div>
APPLICANT ORGANIZATION <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Dept. of Social Services </div>	DATE SUBMITTED <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 8-13-15 </div>

Standard Form 424B (Rev. 7-97) Back

ATTACHMENT K: CERTIFICATION REGARDING LOBBYING**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

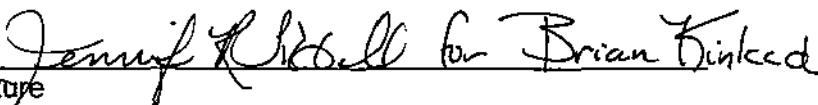
The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature

Director

Title

Department of Social Services

Organization

**ATTACHMENT L: CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

**Certification Regarding Debarment, Suspension, and Other Responsibility
Matters--Primary Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective

participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters-- Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--
Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jennifer R. Bell for Brian Kinkade 8-13-15
Signature Date

ATTACHMENT M: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through

1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

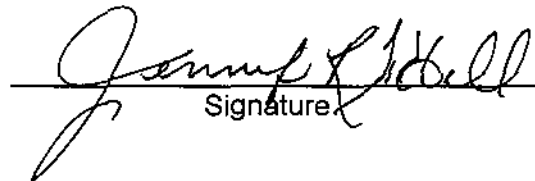
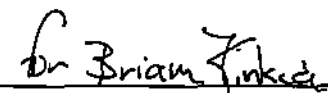
Missouri Department of Social Services, 615 Howerton Court, PO Box 2320
Jefferson City, Cole County, Missouri 65102-2320

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant. [55 FR 21690, 21702, May 25, 1990]

  8-13-15
Signature Date

ATTACHMENT N: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE


Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

Jennifer R. Hall for Brian Kinkade 8-13-15
Signature Date

ATTACHMENT O: CERTIFICATION REGARDING MAINTENANCE OF EFFORT

In accordance with the applicable program statute(s) and regulation(s), the undersigned certifies that financial assistance provided by the Administration for Children and Families, for the specified activities to be performed under the Refugee Resettlement Program by the State of Missouri (Applicant Organization), will be in addition to, and not in substitution for, comparable activities previously carried on without Federal assistance.


Signature of Authorized Certifying Official Kirkade
Director

Title

Date

8-13-15